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CONFIRMATION NO. 9350

SERIAL NUMBER 10/520,833	FILING OR 371(c) DATE 07/29/2005 RULE	CLASS 424	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. UGRF125155
APPLICANTS Stanley H. Kleven, Athens, GA; Naola Ferguson, Snellville, GA;				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/22011 07/10/2003 which is a CIP of 10/194,180 07/13/2002				
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 10	TOTAL CLAIMS 65
INDEPENDENT CLAIMS 10				
ADDRESS 26389				
TITLE Mycoplasma gallisepticum formulation				
FILING FEE RECEIVED 2190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	